


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr-16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000009501	
1. Entity Name CRITICAL INCIDENT RESPONSE TEAM, L.L.C.	

Principal Place of Business 633 SE 3RD AVENUE, STE. 4-R FT. LAUDERDALE, FL 33301	Mailing Address 633 SE 3RD AVENUE, STE. 4-R FT. LAUDERDALE, FL 33301
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03282005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MAFFEI, GEORGE P ESQ 633 SE 3RD AVENUE, STE. 4-R FT. LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLASSAI, SAL 633 SE 3RD AVER., STE 4-R FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOSCALZO, SEAN 633 SE 3RD AVER., STE 4-R FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENNINGS, JINI JR 633 SE 3RD AVER., STE 4-R FORT LAUDERDALE, FL 33301
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04/18/05-80002-021 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SAL BELLASSAI MGRM 4/14/05 954-827-0662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #